State of Dhada Intend							
State of Rhode Island Department of State - Business Services Division					2 J. C.		
Amount Daniel Co. 11					だけ		
Corporation 2025					RIDOS 14 FH2		
→ Filing period: February 1 - May 1					25 25 25 25 25 25 25 25 25 25 25 25 25 2		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					8SD 12612		
1. Entity ID Number		of the Corporation	·	 -			
3 Principal Office Address		DAY REV.	ifw Inc	(
125 WAYLAND AU. UNIT 1			CRANS 70 A	i/	State RT	02920	
4 NAICS Code 54/6/3	6. Brief descrip	tion of the character			and		
5. State of Incorporation	╡						
R, I.		TING /PAN	MOTIONAL				
7. List ALL officers (names and a	ddresses)			Check th	ne box to inc	dicate an attachment 🔲	
BRIAN F.O.HARA			Vice-President Name SAME A PRESIDENT				
Street Address 8 COUNTRY HILL LANE			Street Address	77 1			
NUNTH KINGS TOW	Stale R.J.	Zip 02852	City		State	Żip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zıp	
8. List ALL directors (names and	addresses)		<u> </u>	Check to	ne box to in	dicate an attachment	
Director Name SAME AS F	Director Name						
Street Address			Street Address				
City	State	Zip	City	 _	State	Zip	
Director Name	_ 		Director Name		1	<u> </u>	
Street Address	Street Address						
City	State	Zıp	Crty		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Check th	ne box to inc	dicate an attachment	
This information is currently of rec Department of State.	ord in the	NUMBER OF SE	IARES	CLASS/SERIES		FAR VALUE	
Changes require an additional filing.		0	0			$\mathcal{L}(\mathcal{L})$	
		0					
 This report must be executed trustee, this report must be execu 	iteo on benait of th	e concoration by the	receiver or frustee.				
Under penalty of perjury, I deci statements, and that all statem	are and affirm tha ents contained hi	it i have examined	this report, includ	ing any accomp	anying sc	hedules and	
Name of Authorized Representative					Date /	-/	
BRIAN F. OHMAN Signature of Authorized Representative					1///	2/2025	
Signature of Authorized Represer	Wara						
MAIL TO:				2 /			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov

FILED 2: 2-6
JAN 14 2025

BY T3HOY